



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

Jan 1, 2015

Ending Date:

Oct 29, 2015

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

Donna J. Ciccone

Candidate Full Name (if applicable)

Ward 3 Leominster School Committee

Office Sought and District

164 Overlook Dr., Leominster MA 01453

Residential Address

Telephone Number (optional):

(978) 534-0561

N.A.

Committee Name

N.A.

Name of Committee Treasurer

N.A.

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

- 0 -

Line 2: Total receipts this period (page 3, line 11)

- 0 -

Line 3: Subtotal (line 1 plus line 2)

- 0 -

Line 4: Total expenditures this period (page 5, line 14)

- 0 -

Line 5: Ending Balance (line 3 minus line 4)

- 0 -

Line 6: Total in-kind contributions this period (page 6)

- 0 -

Line 7: Total (all) outstanding liabilities (page 7)

897.52

Line 8: Name of bank(s) used:

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date:

10/29/15

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

[illegible]

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

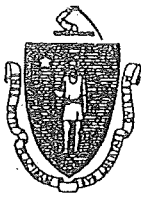
[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Oct 5, 2011	Donna J. Ciccone	164 Overlook Dr Leominster MA 01453	Campaign signs	532.71
Oct 7, 2011	Donna J. Ciccone	164 Overlook Dr Leominster MA 01453	Bumper stickers	121.78
Sep 7, 2013	Donna J. Ciccone	164 Overlook Dr Leominster MA 01453	Re-elect decals	171.32
Oct 31, 2013	Donna J. Ciccone	164 Overlook Dr Leominster MA 01453	Re-elect decals	71.71
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				897.52



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2015 OCT 27 AM 9 40

Fill in dates:

Reporting Period Beginning

Month

Date

Year

Month

Date

Year

Ending October 16 2015

Type of report: (Check one)

☐ 8th day preceding primary ☒ 8th day preceding election ☐ year-end report ☐ dissolution ☐ other (specify)

Heather Mazzaferro

Full Name of Candidate (if applicable)

Ward 3 School Committee

Office Sought and District

56 Juniper Rd

Residential Address

978-424-8009

Tel. No. (optional)

Committee to Elect Heather Mazzaferro

Committee Name

Wendy Anderson

Name of Committee Treasurer

56 Juniper Road

Committee Mailing Address

978-424-8009

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

\$ 0

Line 2: Total receipts this period (page 2, line 11)

\$ 3,270.00

Line 3: Subtotal (line 1 plus line 2)

\$ 3,270.00

Line 4: Total expenditures this period (page 3, line 14)

\$ 990.06

Line 5: Ending balance (line 3 minus line 4)

\$ 2,279.94

Line 6: Total in-kind contributions this period (page 4)

\$ 740.00

Line 7: Total (all) outstanding liabilities (page 4)

\$

Line 8: Name of bank(s) used TD BANK

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Wendy Anderson

Treasurer's signature (in ink)

10/17/15

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Heather Mazzaferro

Candidate signature (in ink)

10-26-15

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
9/29/15	Butler, Donna 1-G State St., Leominster MA 01453	100	00	
9/14/15	Chalfoux-Zepher, Susan 437 West St., Leominster MA 01453	200	00	Executive Director Ginny's Helping Hands and Food pantry
10/14/15	D. Cordio Trucking & Son 585 Willard St. Leominster MA 01453	100	00	
10/6/15	DePasquale, Joseph 37 Arlington St. Leominster MA 01453	100	00	
10/1/15	EASTON, MARK 14 Woods Lane Lancaster MA 01523	250	00	V.P. Information Systems Sterlite Corporation
9/29/15	Freiss, Patricia 24 Briar Rd Leominster MA 01453	100	00	
9/30/15	Freiss, Richard 24 Briar Rd Leominster MA 01453	100	00	
10/1/15	Gage, Joan 16 Bamford Ave Fitchburg MA 01430	100	00	
10/7/15	Marchetti, Mary 61 Eva Dr Leominster MA 01453	100	00	
9/15/15	Zepher, Jr., Edward 437 West St. Leominster MA 01453	200	00	owner United Solutions
Line 9: Total receipts in excess of \$50 (or listed above)		1350		
Line 10: Total receipts \$50 and under* (not listed above)		1,900		
Line 11: TOTAL RECEIPTS IN THE PERIOD		3250		Enter on page 1, line 2

If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/24/15	Add-A-Sign	136 Pond St. Leominster MA 01453	Banner	127	63
9/24/15	BJ's Wholesale	115 Erdman Way Leominster MA 01453	Licorice for JA Festival	58	32
9/17/15	Dirt Cheap Signs	7301 Bark Ranch Rd Lago Vista TX 78645	Yard signs and car magnets	454	35
10/1/15	Dirt Cheap Signs	7301 Bark Ranch Rd Lago Vista TX 78645	Yard signs	292	95
Line 12: Expenditures over \$50				933	25
Line 13: Expenditures \$50 and under*				56	81
Line 14: TOTAL EXPENDITURES				990	06

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/21/15	Edward Zephir	437 West St. Leominster, MA	Boston Bruins Tickets	\$190.00
9/21/15	Susan Zephir	437 West St. Leominster, MA	Boston Celtics Tickets	\$200.00
Line 15: In-kind over \$50				\$390.00
Line 16: In-kind \$50 and under				\$350.00
Line 17: Total In-kind				\$740.00

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance OFFICE
LEOMINSTER, MA

2015 OCT 27 File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

April 14, 2015

Ending Date:

October 16, 2015

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Cody Caisse

Candidate Full Name (if applicable)

School Committee at Large

Office Sought and District

35 Barry Ln, Leominster, Ma. 01453

Residential Address

Telephone Number (optional):

978-602-6194

Committee to Elect Cody Caisse

Committee Name

Patricia Caisse

Name of Committee Treasurer

35 Barry Ln, Leominster, Ma. 01453

Committee Mailing Address

Telephone Number (optional):

978-798-2363 (treasurer)

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

2591.29

Line 3: Subtotal (line 1 plus line 2)

2591.29

Line 4: Total expenditures this period (page 5, line 14)

2141.05

Line 5: Ending Balance (line 3 minus line 4)

450.24

Line 6: Total in-kind contributions this period (page 6)

400.00

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used:

TD Bank N.A.

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Patricia K. Caisse

(Treasurer's signature)

Date:

10/26/2015

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Cody Caisse

10/26/2015

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/14/15	Lionel Charpentier 115 Eleventh St., Leom, Ma 01453	\$500.00	Retired
4/14/15	Patricia Caisse 35 Barry Ln, Leom, Ma. 01453	\$100.00	
4/30/15	Ann Finch-35 Barry Ln, Leominster David Henning-35 Barry Ln, Leom. Karley Vazquez-Johnson St., Leom.	\$450.00	Librarian, Leom. Public Library
5/14/15	Spencer Harrington 8 Cotton St., Leom, Ma. 01453	\$240.43	Student - FSCU
5/18/15	Fundraiser Deposit CK# 1096 \$25 CK# 198 \$50 Remainder = CAS#	\$1155.00	Rodney Burton - 144 Bel Air Dr. Fitchburg \$100 Donation CK# 8067 Norman Charpentier - 84 Crisci St. Leominster \$100 Donation CK# 1002
5/21/15	William O'Malley 112 Sycamore Dr., Leom, MA	\$95.86	IT Specialist - Avery Dennison
5/26/15	Paula Cindy Tressaloni 148 Stuart Ave, Leominster	\$50.00	
9/30/15	Victorystore.com Seattle, Washington	\$424.43	POS CREDIT for sign order could not be processed.
Line 9: Total Receipts over \$50 (or listed above)		\$2591.29	
Line 10: Total Receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$2591.29	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/16/15	FOE 477 Leominster Eagles	456 Litchfield St Leom, Ma. 01453	Rent hall for fundraiser	\$150.00
4/23/15	Nationbuilder	520 S. Grand Ave Las Angeles, CA 90071	WEBSITE HOST	\$19.00 Host Monthly
4/23/15	Namecheap.com	California	register a Domain	\$10.87
5/6/15	Victorystore.com	5200 SW 30th St Davenport, Iowa 52802	VOTE COPY CAISSE stickers	\$112.88
5/11/15	Lowe's	198 New Lancaster Rd Leom, Ma. 01453	Paint for old signs	\$8.99
5/15/15	Staples	289 N. Main St Leom, MA 01453	purchase + creation of Banner	\$50.35
5/22/15	Nationbuilder	520 S. Grand Ave Las Angeles, CA 90071	WEBSITE HOST	\$19.00 Monthly
6/5/15	overnightprints.com	7582 Las Vegas Blvd Las Vegas, NV 89123	Magnets	\$410.15
6/9/15	victorystore.com	5200 SW 30th St Davenport, Iowa 52802	Door Knob Hangers	\$577.27
6/11/15	Rhode Island Novelty	350 Commerce Dr Fall River, MA 02720	Bubbles/glowsticks for starburst	\$108.63
6/11/15	Lowe's	198 New Lancaster Rd Leom, Ma. 01453	paint + brush for Old Signs	\$11.93
6/16/15	Walmart	11 Jungle Rd Leom, Ma. 01453	popcorn for Summer Stroll	\$17.88
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				→

Enter on page 1, line 4 →

see total
next Page
for add

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/22/15	MCC Leominster clerk	25 west St Leom, MA 01453	Voter DATA	\$59.00
6/22/15	MCC Leominster clerk	25 west St. Leom, MA 01453		\$2.67
6/22/15	Nation builder	520 S Grand Ave. Las Angeles, CA 90071	WEBSITE HOST	\$19.00
7/22/15	Nation builder	520 S Grand Ave Las Angeles, CA 90071	WEBSITE HOST	\$19.00
8/24/15	Nation builder	520 S Grand Ave Las Angeles, CA 90071	WEBSITE HOST	\$19.00
9/14/15	Oriental Trading	PO Box 2308 Omaha, NE 68103	Monogrammed pencils for JA Festival	\$67.98
9/14/15	Rhode Island Novelty	350 Commerce DR. Fall River, MA 02720	Bubbles for JA Festival	\$29.31
9/22/15	Nation builder	520 S Grand Ave Las Angeles, CA 90071	WEBSITE HOST	\$19.00
9/24/15	VICTORY STORE	5200 SW 30th St Davenport, Iowa 52802	New Signs (Returned)	\$404.43
9/30/15	Supercheap signs	9200 Westford Ctr Austin, TX 78758	New Signs	\$409.14

Line 12: Total Expenditures over \$50 (or listed above)

Line 13: Total Expenditures \$50 and under* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

2141.05

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

File with:
City or Town Clerk or Election Commission

2015 OCT 26 PM 7 58

Please print or type all information, except signatures.

Fill in dates:	Month	Date	Year	Month	Date	Year	
Reporting Period Beginning				Ending	10	26	15

Type of report: (Check one)
☐ 8th day preceding primary ☒ 8th day preceding election ☐ year-end report ☐ dissolution ☐ other (specify)

WAYNE A. NICKEL
Full Name of Candidate (if applicable)
Wayne Allen Nickel
Office Sought and District Leominster
182 Fifth St Leom, MA
Residential Address
182 Fifth St
LEOMINSTER Tel. No. (optional)

Comm to Elect Wayne Nickel
Committee Name
Ruth Nickel
Name of Committee Treasurer
182 Fifth St Leom Ma
Committee Mailing Address
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0.00
Line 2: Total receipts this period (page 2, line 11) \$ 500.00
Line 3: Subtotal (line 1 plus line 2) \$ 500.00
Line 4: Total expenditures this period (page 3, line 14) \$ 482.00
Line 5: Ending balance (line 3 minus line 4) \$ 18.00
Line 6: Total in-kind contributions this period (page 4) \$ 482.00
Line 7: Total (all) outstanding liabilities (page 4) \$ 370.00
Line 8: Name of bank(s) used Enterprise Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Ruth Nickel
Treasurer's signature (in ink)

Date 10/26/15

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Wayne Nickel
Candidate signature (in ink)

Date 10/26/15

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
	Susan Chalifaux 487 West St Leom	20.0		Ginny's Gift Shop
	Dennis Rosa 46 Royal Oaks Way	100.00		State Rep.
	Ed Zaphir	200.00		Business Owner
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)		500.00		
Line 11: TOTAL RECEIPTS IN THE PERIOD		500.00		Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/13/15	Champion Newspaper	285 Central St Leom, Ma	Newspaper Advertisement	235	xx/10
10/14/15	S+E Newspaper	808 Main St	Newspaper Advertisement	247	00
Line 12: Expenditures over \$50			482	80	
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES			482	80	

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Wayne Nickel	182 Fifth St Leominster, Ma	flyers	104.00
	Wayne Nickel	182 Fifth St	stickers	103.00
Line 15: In-kind over \$50				207.00
Line 16: In-kind \$50 and under				63.00
Line 17: Total In-kind				270.00

Enter on page 1, line 6

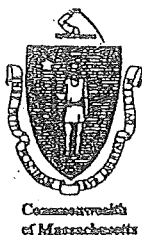
* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/27/15	Wayne Nickel	182 Fifth St Leominster	Campaign Expenses	370.00
Line 18: OUTSTANDING LIABILITIES (ALL)				370.00

Enter on page 1, line 7



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2015 OCT 26 PM 7 59

Fill in dates:
Reporting Period Beginning Month 1 Day 1 Year 2015 Ending Month 10 Day 16 Year 2015

Type of report: (Check one)

☐ 8th day preceding primary ☐ 8th day preceding election ☐ year-end report ☐ dissolution ☐ other (specify)

CLAIRE M FREDA

Full Name of Candidate (if applicable)

Office Sought and District

112 Debbie DR Leominster

Residential Address

978 5373772

Tel. No. (optional)

FREDA COMMITTEE

Committee Name

DONALD FRIBOLETTO

Name of Committee Treasurer

770 N MAIN ST Leominster

Committee Mailing Address

978 5373772 x12

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 814.29

Line 2: Total receipts this period (page 2, line 11) \$ 0

Line 3: Subtotal (line 1 plus line 2) \$ 814.29

Line 4: Total expenditures this period (page 3, line 14) \$ 0

Line 5: Ending balance (line 3 minus line 4) \$ 814.29

Line 6: Total in-kind contributions this period (page 4) \$ 0

Line 7: Total (all) outstanding liabilities (page 4) \$ 6300

Line 8: Name of bank(s) used ROLLSTONE BANK + TRUST

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

10-26-15

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

10-26-15

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

[illegible]

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above. Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

[illegible]

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

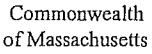
* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10-25-06	CLAIRE FREDA	117 Debbie DR	LOAN	2300
11-2-06	CLAIRE FREDA	LEOMINGTON MA	LOAN	4000
Line 18: OUTSTANDING LIABILITIES (ALL)				6300

Enter on page 1, line 7



Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

City or Town of:

Leominster

2015 OCT 26 PM 3 21

Fill in Reporting Period dates:

Beginning Date:

1/1/15

Ending Date:

10/26/15

Type of Report: (Check one)

☒ 8th day preceding
preliminary/primary

☐ 8th day preceding election

☐ 30th day following election
(Town or Special)

☐ 20th day of January
(Year-End Report)

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF LEOMINSTER OFFICE
LEOMINSTER, MAFile with:
City or Town Clerk or Election Commission

2015 OCT 26 PM 3 03

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month JAN Day 20 Year 2015 Ending Month OCT Day 16 Year 2015

Type of report: (Check one)

☐ 8th day preceding primary ☒ 8th day preceding election ☐ year-end report ☐ dissolution ☐ other (specify)
SUSAN CHALIFAX ZEPHIR

Full Name of Candidate (if applicable)

COUNCILOR AT LARGE

Office Sought and District

437 WEST ST Leominster

Residential Address

978-265-2586

Tel. No. (optional)

Comm. to Elect Susan Chalifax Zephiri

Committee Name

EDWARD ZEPHIR

Name of Committee Treasurer

437 WEST ST, LEOMINSTER

Committee Mailing Address

978-265-

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 1126.09Line 2: Total receipts this period (page 2, line 11) \$ 5585.00Line 3: Subtotal (line 1 plus line 2) \$ 7837.09Line 4: Total expenditures this period (page 3, line 14) \$ 1786.12Line 5: Ending balance (line 3 minus line 4) \$ 6050.97

Line 6: Total in-kind contributions this period (page 4) \$ _____

Line 7: Total (all) outstanding liabilities (page 4) \$ _____

Line 8: Name of bank(s) used Leominster Credit Union

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

SCHEDULE A: RECEIPTS

(3 pages) P.1

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/14/15	Jeanne Zephier 146 HARVARD ST Leominster	300 00	ARTIST
5/1/15	Edward Zephier Jr. 437 WEST ST Leominster	300 00	BUSINESS OWNER
9/24/15	PATRICK B. 30 TANGLEWOOD RD STERLING, MA 01564	100 00	
9/28/15	Lillian Clerenti 928 WEST ST Leominster MA	100 00	
9/29/15	Roger Siciliano 40 BIRCH ST Leominster MA	100 00	
9/29/15	Brian Allain Scenic Drive Leominster MA	300 00	BUSINESS OWNER
9/29/15	Francis Wyman 19 WATER ST Leominster MA	100 00	
10/1/15	KATHY O'DANIELL 25 Camp Ushka Shrewsbury, MA	100 00	
10/2/15	Corrine Farzaco 20 Hillyer Rd Leominster	100 00	
10/2/15	ROBERT SALLATORE 212 Granite St Leominster	100 00	
10/4/15	BRUCE BLOOD 14 THAYER ST Leominster	100 00	
10/4/15	EDWARD REYNOLDS Lindell Ave Leominster	100 00	
10/6/15	TOM BARTLETT 667 WEST ST Leominster	75 00	
10/6/15	Debra Rooney 120 WEST ST Leominster	100 00	
10/6/15	PAM MARRAMA JUDY DR Leominster	100 00	
Line 9	Total receipts in excess of \$50 (or listed above)	4075 00	
Line 10	Total receipts \$50 and under* (not listed above)	1510 00	
Line 11	TOTAL RECEIPTS IN THE PERIOD	5585 00	Enter on page 1, line 2

If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/6/15	Gregory Day 249 Washington St Leominster	250 00	Contractor
10/6/15	MARU PICKFORD P.O. Box 353 Leominster	200 00	Self Employed
10/6/15	Robert Tucci 121 Semic Dr. Leominster	150 00	
10/6/15	MIKE CORATA 421 SOUTH ST AUBURN MA 01501	150 00	
10/6/15	ANNA Clementi 42 Leominster Rd Lunenburg MA 01462	100 00	
10/6/15	CATHERINE McDONALD 41 Regatta Dr. Leominster	100 00	
10/6/15	CHIARA Lolli 134 Harvard St Leominster	100 00	
10/6/15	Frank Bovenzi 79 Pleasant Rnch Leominster	100 00	
10/6/15	RONALD ANSIN 132 Littleton Rd Harvard MA	100 00	
10/6/15	LINDA Byrre 546 Blossom St Fitchburg MA	100 00	
10/6/15	DONALD Cigretti 126 Merrimack Leominster	100 00	
10/6/15	John Rencane 142 Main St Leominster MA	100 00	
10/6/15	MONICA CAMPOBASSO 42 Leominster Leominster	100 00	
10/6/15	MARK EATON 14 Woods Lane Lancaster MA	100 00	
10/6/15	Robert Tucci 60 Colonial Dr Leominster	150 00	
Line 9	Total receipts in excess of \$50 (or listed above)		
Line 10	Total receipts \$50 and under* (not listed above)		
Line 11	TOTAL RECEIPTS IN THE PERIOD		Enter on page 1, line 2

If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

one page

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/1/15	John Freatoni	157 Seventh St Leominster MA	SIGNS	400	06.
10/15/15	FACTOTUM PRODUCTIONS	95 N. MAIN ST WESTFORD MA	LITERATURE	150	00
10/15/15	Susan Chalifoux Zephia - Reimburse	437 WEST ST LEOMINSTER	10/9 LUXURY BOX Fundraiser expenses	1036	02
10/15/15	SUSAN CHALIFOX Zephia - Reimburse	437 West St Leominster	MAILER + POSTAGE FOR 10/9 Fundraising	200	10.
			Line 12: Expenditures over \$50	1786	12
			Line 13: Expenditures \$50 and under*		
			Line 14: TOTAL EXPENDITURES	1786	12

Enter on page 1, line 4

Enter on page 1, line 4

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

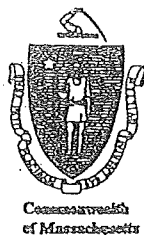
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
Enter on page 1, line 6			Line 17: Total In-kind	- 0 -

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	- 0 -



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MAFile with:
City or Town Clerk or Election Commission

2015 OCT 26 PM 1 24

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 1 / Day 1 / Year 2015 Ending Month 10 / Day 10 / Year 2015

Type of report: (Check one)

☐ 8th day preceding primary ☒ 8th day preceding election ☐ year-end report ☐ dissolution ☐ other (specify)

Gail P Feckley

Full Name of Candidate (if applicable)

Ward 1 - City Council

Office Sought and District

70 Eastern Ave, Leominster, MA

Residential Address

978-537-3658

Tel. No. (optional)

Committee to Elect Gail P. Feckley

Committee Name

Wendy C. McInnis

Name of Committee Treasurer

70 Eastern Ave, Leominster, MA 01453

Committee Mailing Address

978-537-3658

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ (464.87)

Line 2: Total receipts this period (page 2, line 11) \$ - 0 -

Line 3: Subtotal (line 1 plus line 2) \$ (464.87)

Line 4: Total expenditures this period (page 3, line 14) \$ - 0 -

Line 5: Ending balance (line 3 minus line 4) \$ (464.87)

Line 6: Total in-kind contributions this period (page 4) \$ 122. -

Line 7: Total (all) outstanding liabilities (page 4) \$ 1042.67

Line 8: Name of bank(s) used Leominster Credit Union

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
	NONE			
* Line 9: Total receipts in excess of \$50 (or listed above)		0		
Line 10: Total receipts \$50 and under* (not listed above)		0		
Line 11: TOTAL RECEIPTS IN THE PERIOD		0		Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

[illegible]

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
11/5/2013	MARK Feckley	70 EASTERN AVE Leominster, MA 01453	Election Night Celebration	122.-
Line 15: In-kind over \$50				122.-
Line 16: In-kind \$50 and under				0
Line 17: Total In-kind				122.-

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/26/2011	GAIL P. Feckley	70 EASTERN AVE Leominster, MA 01453	Campaign LOAN	267.-
9/28/2011	Gail P. Feckley	70 EASTERN AVE Leominster, MA 01453	Campaign LOAN	515.67
9/30/2011	Gail P. Feckley	70 EASTERN AVE Leominster, MA 01453	Campaign LOAN	200.-
Line 18: OUTSTANDING LIABILITIES (ALL)				1,042.67

Enter on page 1, line 7



Commonwealth
of Massachusetts

Form CPF D 102 : Campaign Finance Report Office of Campaign and Political Finance

RECEIVED
OCT 26 PM 8 38
COMMISSIONER, MA

File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID# _____

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 9 Date 10 Year 2015 Ending Month 10 Date 26 Year 2015

Type of report: (Check one)

☒ Initial Report ☐ Year-end Report ☐ Dissolution Report ☐ Other

Michael D. DellaMonaca

Full Name of Candidate

School Committee

Office Sought/District

29 Bicentennial Ave.

Residential Address

Leominster, MA 01453

Tel. No. (optional)

Committee to Elect Michael D. DellaMonaca

Committee Name

Christine F. DellaMonaca

Name of Committee Treasurer

982 South St. Fitchburg, MA 01420

Committee Mailing Address

978-342-1914

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 1470.00
Line 3: Subtotal (line 1 plus line 2) \$ 1470.00
Line 4: Total expenditures this period (page 3, line 14) \$ 957.34
Line 5: Ending balance (line 3 minus line 4) \$ 512.66
Line 6: Total in-kind contributions this period (page 3) \$ 550.00
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used Family Federal Savings

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and attached schedules, and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

SCHEDULE A: RECEIPTS

INITIAL REPORT: Report any receipts received before appointing the depository bank

OTHER REPORTS: You may omit schedule A information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your receipts on lines 9 - 11.

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
10/9/15	Michael DellaMonaca 29 Bicentennial Ave Leominster, MA 01453	800	00	Self Attorney
	Noelle & Thomas Bookin Jr. 64 Beal St. Lunenburg, MA 01462	100	00	
Line 9: Total receipts in excess of \$50		900	00	
Line 10: Total receipts \$50 and under		570	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1470	00	Enter on page 1, line 2.

SAVINGS ACCOUNT INFORMATION

Are there any campaign funds on deposit in savings accounts/CDs etc.? ☒ No (go to page 3) ☐ Yes

If yes, complete the following:

Name(s) of Bank(s) and/or CDs	Amount in account/CD etc.
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
SAVINGS ACCOUNT/CD TOTAL: \$ _____	

All funds held in savings accounts, CDs etc. should be included in line 5, (ending balance) on page 1.

SCHEDULE B: EXPENDITURES

INITIAL REPORT: Report any expenditures made before appointing the depository bank.

OTHER REPORTS: You may omit schedule B information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your expenditures on lines 12 - 14.

Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/23/15	De la Monaca, Michael	29 Bicentennial Ave Leominster, MA 01453	reimburse for campaign signs purchase	758	34
11/1/15	"	"	reimburse for postage, sauce, paper goods	48	80
11/1/15	"	"	reimburse for Facebook ads	150	00
Line 12: Expenditures over \$50				908	54
Line 13: Expenditures \$50 and under				48	80
Line 14: TOTAL EXPENDITURES				957	34

Enter on page 1, line 4

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

In-kind contributions are not reported by a depository bank. You must report all in-kind contributions for the reporting period on this form (or attached sheets). Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/2/15	Philip Wexler	9 Arrowhead Dr. Leominster, MA 01453	graphic design	450-
Line 15: In-kind over \$50				450-
Line 16: In-kind \$50 and under				100-
Line 17: Total In-kind				550-

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contributor has given an aggregate amount of \$200 or more in a calendar year, the contributor's occupation and employer must also be reported.

This page may be copied if additional pages are required to report all expenditures or all in-kind contributions. Please include your committee name, CPF ID# and a page number on each page.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7.		Line 18: OUTSTANDING LIABILITIES (ALL)		

SCHEDULE E: DISCLOSURE OF ASSETS STATEMENT

All candidates and committees must fill in part A or part B.

Part A:

☒ No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

* An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

This page may be copied if additional pages are required to report all liabilities or assets. Please include your committee name, CPF ID# and a page number on each page.



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 9-22-2015 Ending Date: 10-16-2015

LECOMB OFFICE
LECOMB, MA

Type of Report: (Check one)

☐ 30 day preceding preliminary ☒ 30 day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Deborah Toivonen

Candidate Full Name (if applicable)

Committee to Elect Deborah Toivonen

Committee Name

Council, Worcester/Leominster, City of

Office Sought and District

DONNA FIDUCEIA

Name of Committee Treasurer

14 MACINTOSH LANE, Leominster, MA 01453

Residential Address

75 Constitution Dr, Leominster, MA 01453

Committee Mailing Address

Telephone Number (optional): —

Telephone Number (optional): 978-534-3566

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

—

Line 2: Total receipts this period (page 3, line 11)

1,378.⁰⁰

Line 3: Subtotal (line 1 plus line 2)

1,378.⁰⁰

Line 4: Total expenditures this period (page 5, line 14)

373.⁰⁰

Line 5: Ending Balance (line 3 minus line 4)

1,005.⁰⁰

Line 6: Total in-kind contributions this period (page 6)

50.⁰⁰

Line 7: Total (all) outstanding liabilities (page 7)

63.⁰⁰

Line 8: Name of bank(s) used: Rollstone Bank & Trust

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Donna Fiducia (Treasurer's signature)

Date: 10/25/2015

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and an activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature)

Date: _____

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9-23-2015	JENNIE CAISSIE, A Hy Three Bowlen Ave. South bridge, MA 01550	\$ 100.-	
9-23-2015	Lew EVANGELIDIS 215 Newell Rd. HOLDEN, MA 01520	\$ 100.-	
10-13-2015	ROBERT T. JONES 112 CHAPMAN Place LEOMINSTER, MA 01453	\$ 100.-	
9-23-2015	DEAN MAZZARELLA 41 MAIN St. LEOMINSTER, MA 01453	\$ 100.-	
9-23-2015	KATHRYN F. Pilecki 161 WALLACE Hill Rd TOWNSEND, MA 01469	\$ 75.-	
9-15-2015	DEBORAH TOIVONEN 14 MACINTOSH LANE LEOMINSTER, MA 01453	\$ 13.-	LOAN

Line 9: Total Receipts over \$50 (or listed above)

\$ 488.⁰⁰

Line 10: Total Receipts \$50 and under* (not listed above)

\$ 896.⁰⁰

Line 11: TOTAL RECEIPTS IN THE PERIOD

\$ 1,378.-

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

[illegible]

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SECRET

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

[illegible]

Line 12: Total Expenditures over \$50 (or listed above)

300.00

Line 13: Total Expenditures \$50 and under* (not listed above)

73.00

Enter on page 1, line 4 →

TOAL EXPENDITURES IN THE PERIOD

373.⁰⁰/₋

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "BANKRUPT" COURT REVENUES

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10-16-2015	NOR EAST DESIGNS	435 Lancaster St Bldg 20E Leominster, MA 01453	Sign- 4x4	\$ 50. ⁰⁰
9-15-2015	Deborah Toivonen	14 Macintosh Lane Leominster, MA 01453	Painting	\$ 13. ⁻
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (All)	\$ 63. ⁰⁰ / ₁₀₀



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2015 OCT 26 PM 11:50
CITY CLERK'S OFFICE
LEOMINSTER, MA

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 09 Day 23 Year 2015 Ending Month 10 Day 16 Year 2015

Type of report: (Check one)

☐ 8th day preceding primary ☒ 8th day preceding election ☐ year-end report ☐ dissolution ☐ other (specify)

Andrea Freeman

Full Name of Candidate (if applicable)

Leominster School Committee, At-Large

Office Sought and District

431 Pleasant Street, Leominster, MA

Residential Address 01453

978-537-0403

Tel. No. (optional)

Committee to Elect Andrea Freeman

Committee Name

Miriam Scagnetti

Name of Committee Treasurer

54 Green Street, Apt 5, Leominster, MA

Committee Mailing Address 01453

978-534-4965

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0

Line 2: Total receipts this period (page 2, line 11) \$ 820

Line 3: Subtotal (line 1 plus line 2) \$ 820

Line 4: Total expenditures this period (page 3, line 14) \$ 221.74

Line 5: Ending balance (line 3 minus line 4) \$ 598.26

Line 6: Total in-kind contributions this period (page 4) \$ 10.00

Line 7: Total (all) outstanding liabilities (page 4) \$ n/a

Line 8: Name of bank(s) used Rollstone Bank & Trust, Leominster, MA
01453

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Miriam Scagnetti
Treasurer's signature (in ink)

10/25/2015
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]
Candidate signature (in ink)

10/25/2015
Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
9/18/15	Edward W. Zephir, Jr., 437 West Street Leominster, MA 01453	200	00	Business Owner, United Plastics
9/19/15	Susan Chalifeux-Zephir, 437 West Street, Leominster, MA 01453	200	00	Executive Director, Ginny's Helping Hand
10/1/15	Mary A. Freeman, 3459 Lake Street, Valois, NY 14841	100	00	Retired
10/11/15	Erleen Barreth, 600 E Green Ave Gallup, NM 87301	200	00	Physician, UNM Hospital
Line 9: Total receipts in excess of \$50 (or listed above)		700	00	
Line 10: Total receipts \$50 and under* (not listed above)		120	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		820	00	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/25/15	Staples	289 North Main St Leominster, MA 01453	Post Cards	119	50
			Line 12: Expenditures over \$50	119	50
			Line 13: Expenditures \$50 and under*	162	24
			Line 14: TOTAL EXPENDITURES	221	74

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				10.00
Line 17: Total In-kind				10.00

Enter on page 1, line 6

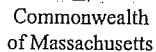
* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Line 18: OUTSTANDING LIABILITIES (ALL)				n/a

Enter on page 1, line 7



Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEOMINSTER, MA

Leominster Ma.

2015 OCT 26 AM 10 12

Beginning Date:

te: January 1, 2015 Ending Date: Oct 16, 2015

Ending Date:

Oct 16, 2015

☐ 8th day preceding
preliminary/primary

☐ 8th day preceding election

☐ 30th day following election
(Town or Special)

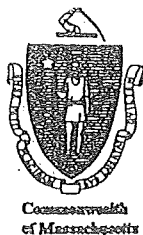
☐ 20th day of January
(Year-End Report)

1. I certify that I am a candidate for or hold Municipal Office.

2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.

3. I certify that I do not have a political committee.

[illegible]



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
LEAMINGSTER, MA

File with:
City or Town Clerk or Election Commission

2015 OCT 26 PM 12 11

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 08 Day 11 Year 2015 Ending Month 10 Day 16 Year 2015

Type of report: (Check one)

☐ 8th day preceding primary ☐ 8th day preceding election ☐ year-end report ☐ dissolution ☐ other (specify)

Wendy R. Wilks

Full Name of Candidate (if applicable)

At-Large School Committee

Office Sought and District

142 Blossom Street

Residential Address

978-534-8729

Tel. No. (optional)

CTE Wendy R. Wilks

Committee Name

Nancy A. Wilks

Name of Committee Treasurer

142 Blossom Street

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0.00

Line 2: Total receipts this period (page 2, line 11) \$ 2325.00

Line 3: Subtotal (line 1 plus line 2) \$ 2325.00

Line 4: Total expenditures this period (page 3, line 14) \$ 2215.57

Line 5: Ending balance (line 3 minus line 4) \$ 109.43

Line 6: Total in-kind contributions this period (page 4) \$ 0

Line 7: Total (all) outstanding liabilities (page 4) \$ 2000.00

Line 8: Name of bank(s) used Leamington Credit Union

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Nancy A. Wilks

Treasurer's signature (in ink)

10/26/2015

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

[illegible]

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/10/15	Infinite Decine	134 Lancaster Street Leominster, MA 01453	website	500	00
10/16/15	Minuteman Press	386 Summer Street Fitchburg, MA 01420	stickers	410	17
10/10/15	Next Day Flyers	435 N. Midland Ave Saddlebrook, NJ 07662	Campaign literature	371	32
10/3/15	Postmaster	68 Main Street Leominster, MA 01453	Stamps	245	00
10/4/15	Signs on the cheap	11525A Stonehollow Dr. Austin TX 78758	Signs	589	24
9/10/15	Staples	289 North Main St Leominster, MA 01453	mailing supplies	99	84
Line 12: Expenditures over \$50				2215	57
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES				2215	57

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				0
Line 16: In-kind \$50 and under				0
Line 17: Total In-kind				0

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/5/15	Wendy Wilks	142 Blossom Street Leominster, MA 01455	Campaign loan	2000.00
Line 18: OUTSTANDING LIABILITIES (ALL)				\$2000.00

Enter on page 1, line 7



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

LEWISTON, MA

2015 OCT 26 File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

10-6-2015

Ending Date:

10-16-2015

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

THOMAS F ARDINGER

Candidate Full Name (if applicable)

Committee to Elect Thomas F. Arding

Committee Name

COUNCILOR AT LARGE / LEWISTON

Office Sought and District

DONNA FIDUCCIA

Name of Committee Treasurer

12 NARCISSUS RD., LEWISTON, MA 01453

Residential Address

12 NARCISSUS RD., LEWISTON, MA 01453

Committee Mailing Address

Telephone Number (optional):

Telephone Number (optional):

978-534-3566

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

\$ 3,625.

Line 3: Subtotal (line 1 plus line 2)

3,625.

Line 4: Total expenditures this period (page 5, line 14)

3,010.

Line 5: Ending Balance (line 3 minus line 4)

\$ 615.

Line 6: Total in-kind contributions this period (page 6)

\$ 28.

Line 7: Total (all) outstanding liabilities (page 7)

\$ 3,500.

Line 8: Name of bank(s) used:

ROLLSTONE BANK & TRUST

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Donna M. Fiduccia

(Treasurer's signature)

Date: 10/25/2015

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and an activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-6-2015	THOMAS F. ARDINGER 12 NARCISSUS Rd LEOMINSTER, MA 01453	\$ 500.-	LOAN
10-13-2015	THOMAS F. ARDINGER 12 NARCISSUS Rd. LEOMINSTER, MA 01453	\$ 1,000.-	LOAN
10-16-2015	THOMAS F. ARDINGER 12 NARCISSUS Rd. LEOMINSTER, MA 01453	\$ 2,000.-	LOAN
10-10-2015	DONNA FEDUCCIA 75 CONSTITUTION DR. LEOMINSTER, MA 01453	\$ 100.-	

Line 9: Total Receipts over \$50 (or listed above)

\$ 3,600.-

Line 10: Total Receipts \$50 and under* (not listed above)

25.-

Line 11: TOTAL RECEIPTS IN THE PERIOD

\$ 3,625.-

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 14: TOTAL RECEIPTS IN THE BOOK

\$ 3,625

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10-14-2015	HOLDEN LANDMARK (Champion)	1161 Main St. Holden, MA 01520	Advertising	\$ 687.-
10-14-2015	MASS. Republican Party	85 MERRIMAC St. Suite #400 Boston, MA 02114	Mailers	\$ 1,700.-
10-9-2015	Media One NE	Sentinel & Enterprise 900 Main St, P.O. Box 730 Fitchburg, MA 01420	Advertising	\$ 588.-
Line 12: Total Expenditures over \$50 (or listed above)				\$ 2975.-
Line 13: Total Expenditures \$50 and under* (not listed above)				35
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$ 3010.-

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "N-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

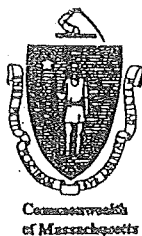
[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10-6-2015	Thomas F. Ardinger	12 Narcissus Rd Leominster, MA 01453	LOAN	\$ 500.-
10-13-2015	Thomas F. Ardinger	12 Narcissus Rd Leominster, MA 01453	LOAN	\$ 1,000.-
10-16-2015	Thomas F. Ardinger	12 Narcissus Rd. Leominster, MA 01453	LOAN	\$ 2,000.-
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$ 3,500.-



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

LETTER'S OFFICE
LEMINSTER, MA
OCT 23 PM 11 28

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 1 - Day 1 - Year 2015 Ending Month 10 - Day 26 - Year 2015

Type of report: (Check one)

☐ 8th day preceding primary ☒ 8th day preceding election ☐ year-end report ☐ dissolution ☐ other (specify)

Nona L. Ojala
Full Name of Candidate (if applicable)
Ward 4 School Committee
Office Sought and District
320 Pleasant St
Residential Address 978
Leominster MA 01453 5372904
Tel. No. (optional)

Committee to Elect Nona Ojala
Committee Name
Laurie E. Ojala
Name of Committee Treasurer
320 Pleasant St.
Committee Mailing Address
Leominster, MA
978-537-2904 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 641.98
Line 2: Total receipts this period (page 2, line 11) \$ 20.00
Line 3: Subtotal (line 1 plus line 2) \$ 661.98
Line 4: Total expenditures this period (page 3, line 14) \$ —
Line 5: Ending balance (line 3 minus line 4) \$ 661.98
Line 6: Total in-kind contributions this period (page 4) \$ —
Line 7: Total (all) outstanding liabilities (page 4) \$ —
Line 8: Name of bank(s) used Leominster Employees Federal Credit Union

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Laurie E. Ojala
Treasurer's signature (in ink)

Date 10/23/15

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Nona L. Ojala
Candidate signature (in ink)

10/23/15
Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
10/15	Roz + Joe Nawaroli	20	00	
Line 9: Total receipts in excess of \$50 (or listed above)		20	00	
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		20	00	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	no activity	—	—	—
Line 12: Expenditures over \$50				—
Line 13: Expenditures \$50 and under*				—
Line 14: TOTAL EXPENDITURES				—

Enter on page 1, line 4

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	<i>no activity</i>			
Line 15: In-kind over \$50				/
Line 16: In-kind \$50 and under				/
Line 17: Total In-kind				/

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	<i>no activity</i>			
Line 18: OUTSTANDING LIABILITIES (ALL)				—

Enter on page 1, line 7



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance
LEOMINSTER, MA

2015 OCT 22 PM 2 31

File with:
City or Town Clerk or Election Commission

10/21/2015

Reporting Period - Beginning: 1/1/2015 Ending: 10/21/2015

Type of report: Pre-election

Mark Bodanza

Committee to Elect Mark C. Bodanza

Full Name of Candidate

Committee Name

City Councillor Ward 4

David Bodanza

Office Sought/ District

Name of Committee Treasurer

23 Kendall Hill Road

36 School Street

Leominster, MA 01453

Leominster, MA 01453

Residential Address

Committee Address

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$4,349.95
Total receipts this period:	\$1,950.00
Subtotal:	\$6,299.95
Total expenditures this period:	\$1,525.00
Ending Balance:	\$4,774.95
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of bank(s) used:	Bank of America

Affidavit of Committee Treasurer:

I certify that I have examined this report, including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including all contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Ann P. Ke

10.21.2015

Treasurer's signature (in ink)

Date

Affidavit of Candidate (check 1 box only) :

☒ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR candidate with independent activity filing separate report.

I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

MC. #

10-21-15

Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employer
8/27/2015	Connally, Barbara 55 Forsythia Road Leominster, MA 01453	\$500.00	Administrative Assistant Lisciotti Development
8/10/2015	Dandini, Steven 33 Farm Hill Road Leominster, MA 01453	\$200.00	Liquor Retailer Dandini Liquors
8/27/2015	Lisciotti, Gregg 83 Orchard Hill Park Drive Leominster, MA 01453	\$500.00	Development Self Employed
8/17/2015	Mullaney, David 17 Federal Circle Leominster, MA 01453	\$500.00	Consultant Self Employed
8/17/2015	Mullaney, Ryan 17 Federal Circle Leominster, MA 01453	\$250.00	Student
Total Itemized Receipts		\$1,950.00	
Total Unitemized Receipts		\$0.00	
Total Receipts		\$1,950.00	

Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
8/7/2015	The Monterey Company, Inc. 70 Sw Century Drive, Suite 100-447 Bend, OR 97702	\$1,525.00	Promotional Coins
Total Itemized Expenditures		\$1,525.00	
Total Unitemized Expenditures		\$0.00	
Total Expenditures		\$1,525.00	

Schedule C: "Inkind" Contributions

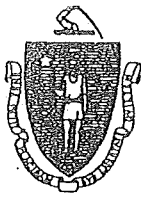
Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
	Total Itemized Inkind Contributions	\$0.00	
	Total Unitemized Inkind Contributions	\$0.00	
	Total Inkind Contributions	\$0.00	

Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
Total Outstanding Liabilities		\$0.00	



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE

LEOMINSTER, MA

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2015 OCT 19 AM 8 54

Fill in dates: Reporting Period Beginning Month 1 Date 1 Year 2015 Ending Month 10 Date 16 Year 2015

Type of report: (Check one)

☐ 8th day preceding primary ☒ 8th day preceding election ☐ year-end report ☐ dissolution ☐ other (specify)

David R Cormier

Full Name of Candidate (if applicable)

Ward 3 City Council

Office Sought and District

9 Deer Run Rd Leominster

Residential Address MA 01453

978-466-9666

Tel. No. (optional)

Committee to elect David R Cormier

Committee Name

Christine M Souter

Name of Committee Treasurer

9 Deer Run Road Leominster MA

Committee Mailing Address 01453

978-466-9666

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ (1075.43)

Line 2: Total receipts this period (page 2, line 11) \$ 0

Line 3: Subtotal (line 1 plus line 2) \$ (1075.43)

Line 4: Total expenditures this period (page 3, line 14) \$ 0

Line 5: Ending balance (line 3 minus line 4) \$ (1075.43)

Line 6: Total in-kind contributions this period (page 4) \$ 0

Line 7: Total (all) outstanding liabilities (page 4) \$ 300.00

Line 8: Name of bank(s) used Leominster Credit Union

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Christine M Souter

Treasurer's signature (in ink)

10/19/15

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

David R. Cormier

Candidate signature (in ink)

10/19/2015

Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

[illegible]

Line 11: TOTAL RECEIPTS IN THE PERIOD

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

[illegible]

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				0

Enter on page 1, line 6

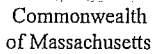
* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/10/09	David Cormier	9 Deer Run Rd Leominster, MA 01453	Campaign/Loan	\$ 300.00
Line 18: OUTSTANDING LIABILITIES (ALL)				\$ 300.00

Enter on page 1, line 7



Office of Campaign and Political Finance

CITY OF FARM'S OFFICE
LEOMINSTER, MA

City or Town of: LEOMINSTER MASS. 01453 2015 OCT 19 AM 9 27

Fill in Reporting Period dates: Beginning Date: JAN 1, 2015 Ending Date: OCT 16, 2015

☐ 8th day preceding
preliminary/primary

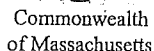
☒ 8th day preceding election

☐ 30th day following election
(Town or Special)

☐ 20th day of January
(Year-End Report)

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]



Ronald Houle

2015 OCT 19 AM 11 24

City or Town of:

LEOMINSTER

Fill in Reporting Period dates:

Beginning Date:

Ending Date:

0 of 16 2015

Type of Report: (Check one)

☐ 8th day preceding preliminary/primary

☒ 8th day preceding election

☐ 30th day following election
(Town or Special)

☐ 20th day of January
(Year-End Report)

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]